

FOR OFFICE USE ONLY

Claim No. GD- \_\_\_\_\_

## GRAIN DEPOSITORS AND SELLERS INDEMNITY FUND GRAIN DEALER CLAIM FORM

Name and Address of grain dealer under which claim arose:

1. Seller's Name \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or Box No. City State Zip Code

3. Telephone No.: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

4. Social Security or Fed. Tax I.D. No. \_\_\_\_\_

5.	DATE OF DELIVERY	DOCUMENT NUMBER	TYPE OF GRAIN	TOTAL (GROSS) BUSHELLS	REMAINING (PARTIAL) BUSHELLS	PRICE

6. Prepayments/Advances:

DATE	GRAIN TYPE	SETTLEMENT SHEET NUMBER	BUSHELLS	AMOUNT

7. Please indicate each item of documentation you are attaching to this claim:

☐

Scale Ticket

☐

Settlement Sheet

☐

Check returned NSF

(Non-sufficient funds)

☐

Other (please specify) \_\_\_\_\_

8. I, \_\_\_\_\_

(Print full name or names)

being duly sworn, state under penalty of perjury that the information stated in and attached to this claim is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
THE STATE OF \_\_\_\_\_

ALL CLAIM FORMS MUST BE NOTARIZED AND SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

SEND TO:

**IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP  
GRAIN WAREHOUSE BUREAU  
WALLACE STATE OFFICE BUILDING  
DES MOINES, IOWA 50319**

ALL CLAIMS MUST BE FILED NO LATER THAN 120 DAYS FOLLOWING REVOCATION, TERMINATION, OR CANCELLATION OF THE GRAIN DEALER LICENSE WITH THE IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP (Address stated above).